

4630

CERTIFICATE OF DEATH

REGISTRAR'S NO. 1923

PLACE OF DEATH AND RESIDENCE	1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN 15 yrs IN ARIZONA 15 yrs		2. USUAL RESIDENCE A. STATE Arizona		B. COUNTY Maricopa					
	C. CITY OR TOWN Phoenix		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Phoenix		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS					
	D. FULL NAME OF HOSPITAL OR INSTITUTION 308 E. Tonto		(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS)		D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 308 E. Tonto		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>					
PRECEDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) Yonacia		A. (FIRST)		B. (MIDDLE)		C. (LAST) Amavisca					
	6B. NAME OF SPOUSE		7. DATE OF BIRTH MONTH DAY YEAR 8 Jun 82		8. AGE (IN YEARS LAST BIRTHDAY) 76		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Laundry worker					
	9B. KIND OF BUSINESS OR INDUSTRY Laundry		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona		11. CITIZEN OF WHAT COUNTRY? U.S.A.		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) No					
CAUSE OF DEATH ITEM 18)	14A. FATHER'S NAME Jose Eligio Amavisca		14B. BIRTHPLACE (STATE OR COUNTRY) Mexico		15A. MOTHER'S MAIDEN NAME Josefa Acosta		15B. BIRTHPLACE (STATE OR COUNTRY) Mexico					
	16. INFORMANT'S SIGNATURE Eligio Amavisca		ADDRESS 613 Mahoney, Buckeye		17. DATE OF DEATH (MONTH) (DAY) (YEAR) June 18 1959							
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Acute Coronary Occlusion ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) DUE TO (C) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.						INTERVAL BETWEEN ONSET AND DEATH			
RATIONS, UTOPSY	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1 EXAMINED THE BODY OF THE DECEASED ON 6/19/59 AND THAT DEATH OCCURRED AT 10:17:57 PM FROM THE CAUSES AND ON THE DATE STATED ABOVE.											
	22A. SIGNATURE Frank J. Chiles		(SPECIFY)		22B. ADDRESS 2919 N 56th St, Phoenix, Ariz		22C. DATE SIGNED 6/19/59					
DEATH DUE TO EXTERNAL VIOLENCE	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)							
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE) (SECOND) M		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?							
	24A. CORONER'S SIGNATURE Eda Anne Westfall		24B. ADDRESS 15710 3rd Ave		24C. DATE SIGNED 6-22-1959							
FUNERAL DIRECTOR AND GISTRAR	25A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/>		25B. DATE 6/22/59		25C. NAME OF CEMETERY OR CREMATORY		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Los Angeles, California					
	26A. DATE REC. BY LOCAL REG. 6/22/59		26B. REGISTRAR'S SIGNATURE Budak J. Ruden		27A. FUNERAL DIRECTOR'S SIGNATURE L. M. Mortimer		27B. ADDRESS Phoenix, Arizona					
	28A. EMBALMER'S SIGNATURE L. M. Mortimer		28B. EMBALMER'S CERT. NO. 281									